

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b> 10/517,898-Conf. #5707 <b>Filing Date</b> July 27, 2005 <b>First Named Inventor</b> Warren Strober <b>Title</b> METHODS OF TREATING AND PREVENTING COLITIS INVOLVING IL- <b>Art Unit</b> 1644 <b>Examiner Name</b> J. I. Ouspenski <b>Attorney Docket No.</b> 84807(47992)	
I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:		46037	
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OR <input checked="" type="checkbox"/> The address associated with Customer Number:		46037	
OR <input checked="" type="checkbox"/> Firm or Individual Name		Peter F. Corless EDWARDS ANGELL PALMER & DODGE LLP	
Address P.O. Box 55874			
City	Boston	State	MA
Country	US	Telephone	(617) 239-0100
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I am the:			
<input type="checkbox"/> Applicant/Inventor. OR <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature	/Petr F. Corless/	Date	November 10, 2009
Name	Peter F. Corless	Telephone	(617) 517-5557
Title and Company	Attorney for Assignee		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.			